



TRAVEL REQUEST
STATE OF NORTH DAKOTA
SFN 18709 (Rev. 02-2002)

Date

Name		
Job Title		
Training Title		
Location of Training		
Date(s) of Training		
Date(s) of Travel	Departure Date	Return Date
Are you willing to travel on a Saturday if it affects the cost? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Travel (please give a complete description of this travel)		
OTHER INFORMATION:		COST:
Registration Fee/Other		
Airline Ticket		
Mileage		
Lodging	Cost Per Night	Tax %
Meals		
Taxi		
Other Expenses		
COST ESTIMATE:		
Special Instructions For This Travel		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Associate Director:
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Director:

☐ Copy of SFN 18709 sent to Account Technician

☐ Copy of SFN 18709 sent to the Assistant Director